

No. 2  
5-1-33  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25853

State File No. ....

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
McCormick Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 112 North Ault  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Gorham

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female Color or race 3 Negro

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Norman Gorham

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 25 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

24	3	18	hr. min.
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9. Birthplace Centralia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Brown Tacher

13. Birthplace Hallsville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle McToy

15. Birthplace Steven Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Norman Gorham

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 7/18/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Jane B Patton

(b) Address Huntsville Mo

19. (a) 7-18-43 (b) Irma Rave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1943 hour 7 minute 54 M.

21. I hereby certify that I attended the deceased from July 6, 1943 to July 13, 1943  
that I last saw her alive on July 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis

Due to pyobacillus Sept

Due to Came not known

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations pus tube L side  
swabbed off  
Of autopsy.....

Duration 1 day

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State).....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) (c) Means of injury 0

23. Signature P. L. McCormick (M. D. or other) M.D.  
Address Moberly Mo Date signed 7-13-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

**RECEIVED**

District Health Officer No. 10

District File Number 4-43-1313

Date Filed AUG 10 1943

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul S. Patton*

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1943  
State File No. \_\_\_\_\_  
Registrar's No. 161

Registration District No. 294

Primary Registration District No. 3056

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Cormick Hosp.  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution unk. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Mary E. Gorham

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov 25 1910  
(Month) (Day) (Year)

8. AGE:

Years 24 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Randolph  
(c) City or town Moberly (If outside city or town limits, write "RURAL")  
(d) Street No. 112 N. 4th (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis Duration 1 da.  
pyosalpinx. Left L  
Due to miscarriage  
Due to unk.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. L. McCormick (M. D. or other) MD  
Address Moberly mo. Date signed 8-16-43

SUPPLEMENTARY

S-25853